L17000144211

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NECEL A DO

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	Jame of the limited liability company: DORAL CO	DURT F	RETAILI	NVESTMENTS HOLD	DINGS, LLC
2. (a)		ſ	b)		
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liabil (Note: MAY BE POST OFF	lity company;
	3310 Mary Street Suite 302		3109 G	RAND AVENUE #349	
	Coconut Grove, FL 33133	_	Coconut Grove, FL 33133		
	07/05/2017		L170001	144211	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)				
J. (I.	Registered Agent and Registered Office shown on the records of NRAI SERVICES, INC.	of the Florid	la Dept. of St	tate:	
	Registered Office Address (MUST BE FLORIDA STREET	 TADDRES	(S)		
	1200 S PINE ISLAND RD				•
	PLANTATION _	33324			
	, F	L		<u> </u>	
(1.)				•	, ,
(b)	Enter name of NEW Registered Agent and/or NEW Registere	ed Office a	ddress:	 · .	. •
	Corporation Service Company				√
	NEW Registered Office Address:			_	
	1201 Hays Street				
				_	
	Tallahassee	L 32301			
lf the	limited liability company is not organized under the la		Store of E	— Florida it is haraby contirms	ed that after the
chang agent was/w	e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited force authorized by an affirmative vote of the members sicles of organization or the operating agreement of the	e register liability co of the lin	ed office a ompany, it nited liabil	and the business office of the is hereby confirmed that the lity company or as otherwise	registered e change(s)
	Lie & Cani	JIL	L CILMI, A	AUTHORIZED PERSON	
Signature of a member or authorized representative of a member				Printed or typed name of signe	e
provis the ob to mei	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to act 2 perform ed for in C hereby c	t in this cap ance of my Chapter 60 onfirm tha	pacity. I further agree to co y duties, and I am familiar w 95, F.S. Or, if this documen at the limited liability compa	omply with the with and accept t is being filed my has been
Signat	Maca Cokubly are of Registered Agent	GRACE	E. KIRBY	, ASST. VICE PRESIDENT	r